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Project Title: Fostering Secure Placements for Traumatized Children in Transition

Institution: UNIVERSITY OF CALIFORNIA DAVIS

Subject: Annual report, October 1, 2018- September 30, 2019

**Project goals:**

The overall goals of this project as identified in the grant proposal were to provide PC-CARE to all 1-5 year old children entering new resource family (i.e., foster) placements together with their new resource parent, to screen children for exposure to traumatic events and experience of trauma symptoms; improve placement stability; make additional referrals as needed to any necessary health providers; and conduct training in PC-CARE to Sacramento County agencies who already provide PCIT services.

**A) PERFORMANCE EVALUATION PLAN**

Our performance evaluation plan is multi-tiered. We planned the following activities:

**1) Track the number of 1 – 5-year-old children entering foster care and the number screened for exposure to traumatic events.**

To calculate the proportion of the population being screened for trauma exposure by this project, we are tracking the number of 1 – 5-year-old children entering foster care, the total number of children referred for PC-CARE services, and the number screened for exposure to traumatic events. We believe that by screening 50% of all children entering care and 90% of children referred for services, we would be achieving our goals for this indicator. Tracking trauma exposure and symptom severity in this population of young foster children will help county agencies plan mental health service needs.

**2) Evaluate the effectiveness of PC-CARE in promoting improvements for clients.**

We are collecting client level data, including demographic information, trauma and developmental screeners, standardized assessments pre- and post- treatment, as well as session-by-session performance outcomes to assess the effectiveness of the intervention in promoting improvements for clients and caregivers.

The client information collected will allow us to analyze the degree to which participation in PC-CARE relates to reduced trauma symptoms, behavioral problems, and increases in resource parents' use of positive parenting techniques taught in PC-CARE.

- a. *Trauma symptoms.* We use the Early Childhood Traumatic Stress Screener (ECTSS), modified for resource parents to evaluate 1 – 5 year olds' trauma symptoms. We use repeated measures analysis of covariance, with trauma symptom information collected pre- and post-intervention to assess the significance of change.
- b. *Behavioral problems and resilience.* We track weekly change in child behavioral symptoms using the negative behavior form of the Weekly Assessment of Child Behaviors (WACB-N; Timmer et al., 2016), a brief, 9-item assessment of behavior problem severity. We collect this information pre-intervention and at

each session during treatment. Using repeated-measures analyses we will estimate the rate of change over the course of treatment and the degree to which children's behaviors continue to improve over time. We plan to investigate the influence of child development (i.e., age), gender, ethnicity, and the severity of trauma exposure on treatment effectiveness, and will use these indicators as covariates or fixed effects.

We administer the Devereaux Early Childhood Assessment (DECA) to resource parents pre- and post-intervention to measure children's resilience. This assessment is suitable for children as young as 1 month of age to as old as 6 years, using three different forms (1-18 months, 18-36 months, 3-6 years). We use a repeated-measures analysis of variance to estimate the significance of change over time.

- c. *Resource parent indicators.* Caregivers' use of positive parenting and behavior management skills is coded during behavioral observations conducted pre-intervention and at each session. Using repeated-measures analyses we will estimate the rate of change over the course of treatment and the degree to which caregivers' skill use continues to improve over time.

We obtain placement information quarterly from CPS about children referred to PC-CARE so that we can estimate the percentages of children experiencing a change in placement after participation in PC-CARE. Our plan was to examine effects of children's "dosage" of PC-CARE on the likelihood of placement change by using binomial logistic regression (to analyze the likelihood of change) or Cox regression (to analyze the speed of change) once we obtain sufficient data. Other indicators, such as children's age, gender, ethnicity, and trauma symptom severity could be included in analyses to detect their moderating and mediating effects.

**3) Track the number of children participating in PC-CARE who are referred for other mental health services.**

We review the clients' casefiles after terminating PC-CARE and collect information about any referrals the provider may have made to other service providers.

**4) Evaluate the effectiveness of PC-CARE in improving placement stability for young children entering foster care.**

We obtained placement information about referred children either from their resource parents or Sacramento County CPS one month and 6-months after ending PC-CARE services.

**5) Evaluate our efforts to implement PC-CARE in the Sacramento County System of Care.**

We report on any actions we or our collaborative partners have taken to effect system change, as well as the outcomes of these actions at the system and county department level. We also report on our ability to receive referrals for services, engage families in treatment, and provide the treatment with fidelity. Most of the analyses of the implementation data is descriptive. This information allows us to identify potential weaknesses in our project processes and structure, and to evaluate the progress we have made establishing the intervention in the county's system of care.

- a. *To evaluate the depth and breadth of our collaborations,* we documented each

meeting, presentation, and workshop/training event, the numbers of people attending them, and basic information about the participants.

- b. *To evaluate effects on placement stability*, we obtained aggregate data from CPS of numbers of 1-5-year-old children entering dependency and the number of placement changes. With this data, we will be able to compare rates of foster children's placement change during discrete time periods before vs. during the funding period using two-sample t-tests for aggregated data.

## **B) PROPOSED EVALUATION PLAN- SUCCESSES AND CHALLENGES**

We have been implementing our evaluation plan over the past year. Last year we noted some challenges and strategies for correction. We implemented these strategies for correction over the last year and will briefly comment on their success in helping us overcome the challenges.

### **1) Challenges in obtaining referrals.**

Our CPS partners agreed to develop a "business intelligence report" that showed a list of all children entering new placements within a particular time period.

- a. *This strategy was successful.* We now receive a complete list of all children known to have entered new placements in the past 60 days.

### **2) Challenges in evaluating implementation.** We have had a few challenges in the plan for evaluating implementation. We provide more detail below.

- a. *Challenge to fidelity.* We commonly have multiple children in households participating in PC-CARE. We adjusted the protocol slightly to accommodate these situations. We send support staff with therapists requiring assistance with siblings (and other children), so that they could deliver the adjusted treatment with fidelity.
  - o **The success of this strategy cannot be determined yet.** Therapists report success with our revised strategy for working in families with many children and support staff are able to record therapists' time spent coaching individual children. However, we do not know whether these adjustments have diminished the treatment's effectiveness as yet.
- b. *Estimates of numbers of children changing placements, entering care, remaining in the same home, and eligible for services were different from those expected. The numbers of people receiving training in PC-CARE was greater than anticipated.* We requested a goal adjustment in the SPARS system, reducing expected numbers for S1, TE, and Services goals and increasing expected numbers for WD2 and TR1. Our request was granted.
  - o **This strategy was successful.** Our goals in SPARS are all in the acceptable range.

## **C) FINDINGS OF THE EVALUATION**

### **1) Conduct Trauma Screening for all 1- 5-year-old children entering foster care in Sacramento County and attempt to engage all in PC-CARE**

- a. *In the past year, 74% of 1-5-year-old children entering foster care were referred for PC-CARE from CPS.* According to Sacramento County data, 375 1-5-year-old children were non-voluntarily removed from their parents' care. We received 398

referrals to PC-CARE for 276 children (some children referred more than once). However, 37% of referrals were ineligible for the program because they had already changed placements or were reunified with their parents before we called to offer services, 6% did not meet age or time in placement criteria for services, and 5% could not be reached, leaving N = 215 children that could be screened.

- **In the past year we conducted trauma screening for 57% of children entering foster care in Sacramento County and attempted to engage the resource parents in PC-CARE. This number represents 99% of those referred that were eligible for PC-CARE services.** Altogether, we conducted trauma screenings for 213 out of 215 eligible children referred for PC-CARE (99% of eligible referrals) and 73 children for PC-CARE training cases. Taken together, these 286 children screened met 102% of our SPARS goal for the past year. Of all the children screened, all were reported to have been trauma exposed per information from CPS. Per caregivers' report during screening calls, 67% were reported as having behavioral concerns.

**2) Engage and deliver PC-CARE to at least 50% of 1 – 5-year-old children entering foster care in Sacramento County with their new foster parents**

- a. *In the past year, caregivers of 42% of all children entering foster care in Sacramento County agreed to participate in PC-CARE.* In the past year, 375 children entered foster care. The resource parents of 158 children agreed to participate in PC-CARE with their foster children. The number accepting services represents 68% of the resource parents referred to PC-CARE.
- b. *26% (N=98) of all 1 to 5-year-old children entering foster care this year (N=375) received PC-CARE services.* This year we delivered PC-CARE to 98 (62%) of the 158 resource parents accepting services. Of those not receiving services, more than half (58%) were because of placement change or reunification with biological parents before we contacted the resource parent to schedule the first appointment. Overall, we have provided services to 112 children (including training cases), meeting 72% of our SPARS goal for this year.
- c. *92% of children screened as having behavioral problems agreed to participate in PC-CARE:* Of the children referred for PC-CARE that were able to be contacted by phone (N=215), 66% of caregivers reported that the children entering their care had behavioral concerns. Analyses showed that 92% of the caregivers reporting behavioral concerns agreed to participate in PC-CARE, compared with 48% of those not reporting behavioral concerns. These findings suggest that children's behavioral problems are a motivator for participation in PC-CARE, but that resource parents will still participate when the child does not have concerning behaviors if they consider it to be in the child's and their best interest.

**3) Significantly increase placement stability for children 1 – 5 years of age participating in PC-CARE**

- a. *At 1-month follow-up contact, 86% of children completing PC-CARE still lived in the same resource home, compared with 37% of children dropping out of PC-CARE.* Of 171 children that planned to participate in PC-CARE and were eligible for 1-month follow-up phone calls, 104 had completed treatment. Of children completing PC-CARE, 86% still lived in the same resource home, 12% had been reunified or moved to permanent placement, and 2% moved to a new resource

home. In comparison, among children who either never started or terminated treatment early, 37% were in the same placement a month after our last contact with them, 19% had been reunified or moved to a permanent placement, and 33% had changed to a new resource home. Approximately 11% had their initial placement disrupted but had not moved in the month since last seen by us.

- b. *At the 6-month follow-up contact, 45% of PC-CARE completers were still in the same home compared with 25% of children who dropped or never started treatment.* Of the 64 children completing PC-CARE and eligible for 6-month follow-up contacts, 45% were in the same placement (6% had been adopted by the family), 39% of children had either reunified with their biological parents or moved to a permanent placement since the 1-month follow-up contact; 11% moved to different resource families, and 5% moved to kin placements. Of the 59 children not starting or not completing treatment, approximately 26% were still in the same resource home, 32% of children had reunified or moved to a permanent placement, 29% moved to different resource homes, 10% had their initial placement disrupted but had not moved since that time, and 3% moved to kin placements.

**4) Increase the number of foster children aged 1 – 5 years referred for mental health services in the first 90 days of their placement**

- a. *In the past year, 112 children received PC-CARE services; 20% of these children were referred for developmental or onward mental health services.* Out of the 112 children this past year that were assessed and seen weekly by therapists in PC-CARE services, 17 were referred for onward services: 13 were referred for mental health services, 4 referred for developmental services. By the end of treatment, caregivers and providers for the remaining 80% of children did not see the need for further mental health services.

**5) Train all current Sacramento County PCIT providers in PC- CARE.**

- a. *In the past year, 12 providers received training in PC-CARE.*

***Intermediate Goals: Goals for Achieving Goals***

In order to achieve stated goals of the project, we identified four intermediate goals important for sustainment once current funding has ended. They are as follows:

- 1. Increase acceptability of PC-CARE to the county as a preventive intervention for young children entering new placements.**
- 2. Increase acceptability of PC-CARE to resource parents**
- 3. Positive outcomes for children**
- 4. Increase visibility of intervention through outreach**

***Intermediate Goal #1: Increased CPS investment in the current project:***

- 1) PC-CARE is a key part of Sacramento County’s plan for improving placement stability** per Federal benchmarks. Additionally, we are members of the P5 Placement Stability SIP Strategy Group convened by CPS. We have been attending regular meetings of this group in the past year.
- 2) Numbers of referrals have varied over the past year.** Table 1 shows the numbers of children placed, the number of placements, and the numbers referred

to PC-CARE each quarter since the beginning of the fiscal year. The number of referrals was consistent with the number of new placements for 1 to 5-year-old children in Sacramento County, with a slight bump in the 2nd quarter. We received more referrals than there were children removed because we also receive referrals if children have moved into a new placement. This way if they have already moved, we have a chance of catching them in the next placement. The low number of eligible referrals relative to total referrals illustrates how quickly and how many of the children are changing placements.

**TABLE 1: Number of placements, placement changes, referrals and eligible referrals by quarter of placement**

	Q1 (10/18- 12/18)	Q2 (1/19- 3/19)	Q3 (4/19- 7/19)	Q4 (7/19- 9/19)
Kids Removed 1-5				
# of Youth Removed	92	111	95	77
# of Placements	103	127	105	86
PC-CARE referrals by plcmt quarter	93	133	92	85
Number of eligible referrals by plcmt quarter	44	68	54	50

**Intermediate Goal #2: Increase acceptability of PC-CARE to resource parents:**

- 1) **Numbers of resource parents accepting services is still high (73%).** In the past year 216 children eligible for PC-CARE services were referred for the intervention. Out of this group, 160 (74%) agreed to participate in treatment, 53 (25%) refused to participate, and 3 (1%) were pending a decision.
- 2) **Children are diverse:** Demographic descriptions of referrals showed that children averaged 3.2 years of age (SD= 1.4 years), and 49.5% were male. Approximately 37.5% were African American, 32% were Caucasian, 25% were Latinx, 6% were Asian/ Pacific Islander, 2% were Native American, and 7% were missing information on ethnicity (more than one ethnicity could be selected, so numbers do not add up to 100%). We examined whether any of these factors varied significantly by whether the resource family agreed to participate in PC-CARE and found that resource parents of older children were significantly less likely (23%) to agree to participate than were parents of younger children. Overall, these findings suggest that referrals span a range of ethnicities, and that in principle, PC-CARE is acceptable to resource parents of different ethnicities.

**Intermediate Goal #3: Evaluations of the effectiveness of treatment for all children participating in PC-CARE to date have shown positive outcomes:**

- 1) **Client retention at 77% for those beginning treatment:** Examination of participants' treatment progress showed that out of the 160 children whose resource parents agreed to participate in PC-CARE this past year, 57 had completed treatment, 16 dropped early, 65 never started, and 22 were still in treatment. Of all those not engaging or disengaging from treatment (i.e., drop and never start, N = 81), 12% were reunified with biological parents and 28% changed

to other foster placements before or during treatment; 6% had begun other mental health treatment, 27% had work or scheduling difficulties, and 17% were no longer interested in participating. Excluding children still in treatment and children who were reunified or moved to a new foster home, the retention rate for all resource parents agreeing to participate in treatment this past year was 54% (including those who never started treatment). The retention rate for all people who had at least one appointment with a PC-CARE therapist (i.e., had at least a pre-treatment session) was 76.7%.

- 2) **Trauma symptoms upon entry to foster care:** We used the Early Childhood Traumatic Stress Screener to measure the number of traumatic events children experienced and the severity of their trauma symptoms in the past year.
  - a. *Number of traumatic events experienced by children:* Resource parents participating in treatment reported that children (N=147) ranged in their reported exposure to traumatic events between experiencing 1 and 5 events: 37% of children were reported as being exposed to 3-5 traumatic events.
  - b. *Severity of trauma symptoms:* Caregivers reported foster children (N=147) exhibiting between 0 and 13 symptoms, averaging 3.99 (SD=3.0); 37% of children were reported as having 2 or fewer trauma symptoms, 44% with 3 to 6 symptoms, and 19% between 7 and 13 symptoms.
- 3) **Significant improvements in trauma symptoms:** Results of analyses of all children completing PC-CARE in the past year showed a statistically significant drop ( $F(1, 102) = 9.4, p = .003$ ) in the severity of trauma symptoms for the 103 children who completed PC-CARE to date and had non-missing data on this measure, from an average of 3.48 symptoms (SD=2.6) to an average of 2.74 (SD=2.7).
- 4) **Significant improvements in children's resilience:** We used the Devereaux Early Childhood Assessment to measure children's resilience and self-regulation. All indicators improved significantly after participating in PC-CARE. Caregivers reported an increase in children's *initiative* to meet their own needs ( $F(1, 84) = 9.3, p = .003$ ) and a non-significant trend for improvements in their attachment relationships ( $F(1, 85) = 3.8, p = .055$ ). For toddlers and preschoolers, self-regulation abilities also increased ( $F(1, 74) = 12.04, p = .001$ ), and for preschoolers, behavioral concerns decreased ( $F(1, 39) = 8.58, p = .006$ ).
- 5) **Significant improvements in child behavior problems:** A measure of child behavior problems was collected weekly using the WACB-N (Weekly Assessment of Child Behaviors). We conducted a repeated measures analysis of variance of WACB intensity scores from the Pre-treatment session to Session 5, using all children who completed at least 4 sessions of PC-CARE (N=125). When a measurement was missed, we carried forward the last observation, (Gupta, 2011). Results showed a significant decrease in the intensity of behavior problems ( $F(5, 615) = 19.5$  (sphericity corrected),  $p < .001$ ;  $\eta^2 = .14$ , observed power = 1.0).
- 6) **Significant improvements in caregivers' use of positive parenting skills:** Each session, providers coded caregivers' positive parenting skills (PRIDE) and AVOID statements (questions, commands, critical) for 4 minutes while the caregiver and child played. We conducted a repeated measures analysis of

variance of the number of PRIDE skills used from the Pre-treatment Session to Session 5, using all children who had coding scores for at least five PC-CARE sessions (PRIDE, N = 126; AVOID, N = 126). When a measurement was missed, we carried forward the last observation (Gupta, 2011). Results of the analysis showed a significant increase in positive parenting skills and a significant decrease in AVOID skills from Intake to Session 6 (PRIDE:  $F(6, 620) = 17.7$  (sphericity corrected),  $p < .001$ ;  $\eta^2 = .13$ , Observed power = 1.0; AVOID:  $F(6, 620) = 19.8$ ,  $\eta^2 = .14$ , Observed power = 1.0).

#### ***Intermediate Goal #4: Increase visibility of intervention through outreach***

##### **1) Public Awareness and Outreach.**

- a. *Invited speaker:* California Office of Emergency Services invited Dr. Hawk to speak about PC-CARE at a statewide conference for recipients of grants to provide services and support for Victims of Crimes.
- b. *Meetings with Sacramento County Department of Behavioral Health Services (BHS):* At their invitation, we met with BHS to discuss training Sacramento County providers in PC-CARE. One outcome of this meeting was a request to submit documentation to include PC-CARE as a billable empirically-based treatment. We submitted the documentation immediately and PC-CARE was approved for billing in Sacramento County soon thereafter.
- c. *Conference presentation:* The project team presented on this project at six conferences over the past year: the 34<sup>th</sup> Annual San Diego International Conference on Child and Family Maltreatment, the California Mental Health Advocates for Children Conference, the annual meeting of the American Professional Society on the Abuse of Children, the biennial meetings of the Society for Research in Child Development, the Institute on Violence, Abuse, and Trauma (IVAT) Summit, and the National Children's Alliance Leadership meeting.
- d. *Social media action:* We posted information about PC-CARE and upcoming trainings on our various social media platforms. Our staff designed targeted email campaigns to encourage interest in PC-CARE.

##### **2) Stakeholder development**

We have continued to grow our relationship with the following stakeholders:

- a. Hearts 4 Kids - public health nurses that visit all children entering the foster care system. We attend monthly meetings to coordinate services and keep PC-CARE integrated into the CPS network of services.
- b. Bear Clinic- Clinic performing all foster care entry exams. We are informed when children 1 – 5 years of age have appointments at the Bear Clinic, so we can meet resource parents face-to-face.
- c. CPS System Improvement Planning: We were active members of CPS's System Improvement Planning Group to help improved children's placement stability in Sacramento county, meeting every 6 weeks.
- d. Foster Care and Kinship Education Advisory Board: We attend yearly Advisory Board meetings for a foster care education program (and continuing education) housed at a local community college.

#### **D) DEGREE GOALS OF THE PROJECT WERE ACHIEVED:**



The measureable objectives described in the grant were as follows:

**1) Conduct Trauma Screening for all children (ages 1-5) entering foster care in Sacramento county and attempt to engage all in PC-CARE.**

- a. *In the past year we conducted trauma screening for 102% (N = 286) of our SPARS goal of screening 280 children. We screened 57% of all 1 – 5-year-old children entering foster care in Sacramento County, representing 99% of all eligible referrals to PC-CARE (i.e., child still in the placement at the time of the call).*

**2) Engage and deliver PC-CARE to at least 50% of 1 – 5-year-old children entering foster care in Sacramento County with their new foster parents.**

- a. *In the past year, we provided PC-CARE services to 112 foster children, representing 72.3% of our SPARS goal of providing services to 155 children. Caregivers of 43% of all children entering foster care in Sacramento County agreed to participate in PC-CARE. This number represents 74% of all eligible referrals to PC-CARE.*

**3) Significantly increase placement stability for children 1 – 5 years of age participating in PC-CARE.**

- a. *At 1-month follow-up contact, 86% of children completing PC-CARE still lived in the same resource home, compared with 37% of children dropping out of PC-CARE. Overall, 86% of children completing PC-CARE still lived in the same resource home, 12% had been reunified or moved to permanent placement, and 2% moved to a new resource home. In comparison, among children who either never started or terminated treatment early, 37% were in the same placement a month after our last contact with them, 19% had been reunified or moved to a permanent placement, and 33% had changed to a new resource home. Approximately 11% had their initial placement disrupted but had not moved in the month since last seen by us. PC-CARE clients showed greater placement stability 1 month after termination.*
- b. *At the 6-month follow-up contact, 45% of PC-CARE completers (N=64) were still in the same home compared with 25% of children who dropped or never started treatment (N=59). Of the 64 children completing PC-CARE eligible for 6-month post-PC-CARE follow-up, 45% were in the same placement (6% had been adopted by the family), 39% of children had either reunified with biological parents or moved to a permanent placement since the 1-month follow-up contact; 11% moved to different resource families, and 5% moved to kin placements. Of the 59 children not starting or not completing treatment, approximately 26% were still in the same resource home, 32% of children had reunified or moved to a permanent placement, 29% moved to different resource homes, 10% had their initial placement disrupted but had not moved since that time, and 3% moved to kin placements. PC-CARE clients showed greater placement stability 6 month after termination.*

**4) Increase the number of foster children aged 1 – 5 years referred for mental health services in the first 90 days of their placement.**

- a. *In the past year, over and above the PC-CARE services provided, 14% of PC-CARE clients were referred for developmental or onward mental health services: 28 were referred for onward service (22 were referred for mental health services,*

6 referred for developmental services). PC-CARE providers for the remaining 86% of children did not see the need for further mental health services.

**5) Train all current Sacramento County PCIT providers in PC- CARE.**

a. *In the past year, we trained 12 providers in PC-CARE, reaching 120% of our SPARS goal of training 10 providers.*

**6) Furthermore, we planned to serve the following numbers of children: Year One: 78; Year Two: 155; Year Three: 155; Year Four: 155; Year Five: 116; Lifetime: 659.**

a. *In the past year we provided services to 72.3% (N=112) of the 155 children we anticipated being able to see. Over the life of the grant, we have seen 52.6% (N=204) of our goal of seeing 388 children.*

**(E) DESCRIBE HOW THE EVALUATION PROCESS PROVIDED FEEDBACK TO THE PROJECT TO IMPROVE ACHIEVEMENT OF PROJECT GOALS.**

The evaluation process brought to our attention the strengths and weaknesses of our project. It helps us to see when we are lagging behind certain targets and possibly spending too much time overachieving others.